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Bib Data Sheet

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|-----------------------------|--|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/797,874 | FILING OR 371(c)<br>DATE<br>03/10/2004<br>RULE | CLASS<br>434 | GROUP ART UNIT<br>3714 | ATTORNEY<br>DOCKET NO.<br>MGH-021AUS |
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/453,170 03/10/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 05/26/2004

|                                 |   |                        |                      |                    |                         |
|---------------------------------|---|------------------------|----------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                   | STATE OR COUNTRY<br>MA | SHEETS DRAWING<br>13 | TOTAL CLAIMS<br>23 | INDEPENDENT CLAIMS<br>3 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                        |                      |                    |                         |
| Verified and Acknowledged       | Examiner's Signature<br><i>[Signature]</i>  | Initials<br><i>TM</i>  |                      |                    |                         |

## ADDRESS

22494

## TITLE

Surgical training system for laparoscopic procedures

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|----------------------------|---|---|
| FILING FEE RECEIVED<br>412 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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